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**TB CARE I**

# **TB CARE I**

## **Dominican Republic**

**Year 2**  
**Quarterly Report**  
**July-September 2012**

**October 30, 2012**

## Quarterly Overview

<b>Reporting Country</b>	<b>Dominican Republic</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partners</b>	
<b>Date Report Sent</b>	
<b>From</b>	Luis Alberto Rodriguez
<b>To</b>	Damani Goldstein
<b>Reporting Period</b>	<b>July-September 2012</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	50%
3. Infection Control	50%
4. PMDT	13%
6. Health Systems Strengthening	54%
7. M&E, OR and Surveillance	0%
<b>Overall work plan completion</b>	<b>33%</b>

### Most Significant Achievements

Important advances have been made to guarantee the sustainability of TB CARE I project's interventions during July-September 2012. Two meetings with TB Coordinators, Health District (Area) Directors and Stop TB Committee members from four provinces (Santo Domingo, Monte Plata, San Pedro de Macoris and San Cristobal) have been held to exchange individual and group experiences with ACSM and community involvement. These meetings purported: 1) to improve local ACSM plans; 2) to provide feedback to the communities; 3) to make strategic alliances; and 4) to recruit political involvement from national public health authorities, the National TB Program (NTP) at provincial level, the Global Fund, and other agencies. During these meetings a SWOT (strengths and weaknesses) analysis of the NTP was made to define the critical path to attain sustainability for ACSM initiatives, to develop methods for monitoring activities, and to contribute with TB case detection.

Significant progress in Infection Control (IC) activities can be accounted for by three main factors: 1) Dr. Max Meiss and Dr. Netty Kamp's technical assistance to national and provincial health authorities provided salience to the project, key suggestions for the documentation process were advanced (practical planning guides on IC measures), and capacity building was enhanced (69 HCW were trained in IC measures). Coordination of IC activities with the NTP and the Global Fund is especially strong, as has been witnessed by TB CARE I in the intervened sites through action planning. The Project has also provided support for the refurbishment of five TB care services, and the Global Fund has provided state-of-the-art equipment and supplies for these sites. The three agencies have joined efforts and worked as a team. Health care facilities directors have recognized this effort through the allocation of space for TB units.

One of the most significant achievements of TB CARE I has been its contribution in Monte Plata province. Achievements in this territory are highlighted here. The number of health care facilities implementing the DOTS strategy increased from six in 2011 to 34 in 2012. Timely feedback from supervisors prompted the need to provide training on the Stop TB Strategy to health care workers (HCW). As a result, one two-day training workshop was attended by 35 HCW (one from each establishment). Community awareness and involvement has grown notably since the beginning of the project. Five municipal and one prison's Stop TB Committees have been created. They have developed ACSM activities within their communities, raising awareness about TB and providing information on the disease and on related services. An analysis comparing the first two quarters of 2011 and the first two quarters of 2012 showed that the detection of TB suspects in the province has increased from 314 to 363. The percentage of TB suspects that received a laboratory test (bacilloscopy) increased from 77.71% to 90.9% in this period. Also the number of TB cases detected grew from 7 to 24. Eleven cases were detected in six of the newly incorporated health care facilities.

The "Photovoices" exhibition has been displayed in four provinces in this quarter. The new First Lady, as well, actively participated in one of the exhibitions. This gave us the opportunity to discuss with her the previous First Lady office's involvement sponsoring and heading the National Stop TB committee. She was provided supportive documentation on our project and on update TB prevention and care concerns.

#### **Overall work plan implementation status**

TB CARE I was devised to address three kinds of activities: consolidating attained goals, expanding target services, and creating new ones. In this quarter, consolidating activities have proceeded as programmed. Nonetheless, expansion and new activities have been slowed down because of the central, provincial and community NTP's staff uncertainty and disempowerment vis-a-vis new steps, traditionally related to the transitions from one government administration to the next. An analysis to define which of these activities by our team in APA-2 will be conducted.

#### **Technical and administrative challenges**

From May to August 2012 the DR experienced presidential elections and a change of government. This reiterative four-year event, has generally implied significant changes in the political and managerial personnel in the public sector, and particularly, in the health sector. As a consequence, many important everyday decisions and already programmed actions have been postponed due to the relative lack of experience of the new staff or the absence of clear-cut instructions to guarantee the continuity of activities.

The process of documenting actual goal-achievement of TB CARE I needs to be reinforced in order to reach an acceptable level of sustainability. Technical assistance and external consultantships are also necessary to attain prospective goals. The slowing-down of activities' implementation during this

#### **In-country Global Fund status and update**

Global Fund Project Round 7 is currently being implemented with a category B-1 and availability of funds (USD\$ 6,908,686.17) guaranteed until 2015. Recently GF approved RCC with a budget of USD\$ 5,622,240.70, also until 2015.

## Quarterly Technical Outcome Report

Technical Area 1. Universal and Early Access								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.4 [OUTPUT] Number of TB suspects Description: Number of TB Suspects detected in project provinces and areas of Santo Domingo Indicator Value: Number (disaggregated by gender) Level: Selected provinces and areas. Source: Provincial Quarterly Reports Means of Verification: TB register Numerator: Number of Suspects	44439	2011	46,661	2012	24,452	Data shown in Result Y2 refer to the cumulative number of patients during quarters 1-2, 2012. Data broken-down by gender are not provided by NTP.	The true contribution of TB CARE I to TB suspect detection is more readily visible the closer we get to single intervention sites rather than on their aggregates. A community-based analysis of Monte Plata province's sites (see highlighted data in sheet 1. Quarterly Overview and attached in 7. Photo Album) is shown here as an example of a wider attempt to account for project's impact. This approach to analysis from the provincial standpoint will be used in the final quarterly report and on the memory.
	1.1.5 [OUTPUT] Number of TB cases (all forms) Description: Number of TB cases (all forms) reported in project provinces and areas of Santo Domingo Indicator Value: Number (disaggregated by gender) Level: Selected province and areas. Source: Provincial Quarterly Reports. Means of Verification: TB Register Numerator: Number of TB cases (all forms)	3554	2011	3,732	2012	1,608	Data shown in Result Y2 refers to cumulative data for the first 2 quarters 2012. NTP does not provide this data disaggregated by gender.	Several issues in the supply chain are causing delays in case detection and TB cases identification. Lack of cups for smear microscopy aren't available on time in many services. This means that many TB suspects do not receive proper examination. NTP has informed that correction measures have been taken.

	<p>1.1.6 [OUTPUT] Number of people calling TB hotline</p> <p>Description: Number of persons calling the TB information hotline.</p> <p>Indicator Value: Number (disaggregated by gender)</p> <p>Level: National</p> <p>Source: Call Center Monthly Report</p> <p>Means of Verification: Call Center Monthly Report</p> <p>Numerator: Number of calls</p>	0	2011	2000	2012	327	The major Global Fund partner in ACSM, the Dermatology Institute, has included the hotline number in its IEC support materials.	The appointment of a new hotline administrator and a new Information Management Officer in the Ministry of Health (MOH) has delayed the training workshops. Gender and other relevant data are not included in the NTP data-base. A meeting with new MOH officers will be held to set a new date for resuming training activities.
	<p>1.1.7 [OUTPUT] Number of TB publications or broadcast with people centered approach</p> <p>Description: Health journalists publishing TB with people centered approach</p> <p>Indicator Value: Number</p> <p>Level: National</p> <p>Source: Press publications, videos, recording</p> <p>Means of Verification: monitoring press releases, broadcasted programs</p> <p>Numerator: number of PC oriented TB publications/broadcasting</p>	1	2011	50	2012	8	Eight TB-related news and reports were published in eight daily newspapers (physical and digital media). Other postings were aired through TV news programs.	A collaboration agreement with the board of directors of the Association of Health Journalists will be signed in the next quater. NTP asked TB CARE I to wait for the new Minister of Health's authorization to resume NPT activities involving the MOH.

Technical Area 3. Infection Control								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
3.2 Scaled-up implementation of TB-IC strategies	3.2.2 Key facilities with IC focal person, implementation plan, budget, and monitoring system Indicator Value: Percent Numerator: The number of selected categories of key facilities with all three (a+b+c) interventions in place. Denominator: Total number of key facilities of the selected categories	16% (2/12)	2011	100% (12/12)	2012	50 % 6/12	Six new health care facilities (two primary health care units and two hospitals) created IC Committees and started implementing IC plans.	Five new sites will be intervened during APA-2. MOH and local NTP staff changes have produced the delay or suspension of many activities. NTP requested that two MDR clinics be upgraded to facilitate the IC of XDR. Cost of refurbishing in these sites is significantly more expensive. At the end of APA-2 only eleven sites will be completed.
	3.2.3 [OUTPUT] Implementation of IEC IC strategy Indicator Value: percent Level: TB CARE targeted facilities Source: Supervision report Means of Verification: Supervision Report Numerator: Number of health facilities applying IC IEC strategy Denominator: Total number of targeted health facilities	16% (2/12)	2011	100% (12/12)	2012	50 % 6/12	The new six sites have included IEC IC Strategy. TA was provided in this term and recommendations are being implemented.	IEC IC training materials are being designed and reproduced for verifying the effectiveness of the strategy. This strategy will be implemented in eleven health care facilities.
3.4 Improved TB-IC human resources	3.4.1 Health staff of involved facilities applying IC measures Description: Health staff of involved facilities applying IC measures Indicator Value: Percent Level: Targeted facilities Source: Supervision Reports Means of Verification: Supervision Reports Numerator: Number of health staff applying IC measures Denominator: Number of trained health staff of involved facilities in IC	50% (50/100)	2011	100% (125)	2012	55.2 % 69/125 (27 masc/42 fem)	TB CARE I supervision visits showed that the health care staff attitudes of the health care staff towards protection methods have improved. A larger number of HCW (n=27) has been tested for TB through smear microscopy.	Ongoing training and follow-up is necessary. Training will be conducted in the next quarter with participants from each of the sites.

Technical Area 4. PMDT								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
4.1 Improved treatment success of MDR	4.1.4 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture Indicator Value: Percentage Numerator: Number of MDR TB patients in a cohort who completed a course of MDR treatment and who fit the WHO criteria for cure or completed treatment Denominator: Total number of MDR patients who started treatment in the cohort	69%	2008	72%	2012	53.8	NTP data is available only for 2009.	Patients undergo a two year minimum treatment period, therefore, these data are not available.
	4.1.5 [OUTPUT] Trained TB staff in MDR case management with proper performance Description: Trained TB staff in MDR case management with proper performance. Proper performance is defined as staff having the necessary skills to continue applying the treatment to these patients, identify warning signs for timely referral and give the necessary support to patients to try to avoid abandonment. Indicator Value:number Means of Verification:survey Numerator: number of trained TB staff in MDR case management with proper performance	109	2011	50	2012	0	This activity has been re-scheduled for the next quarter.	Training will be conducted in coordination with NTP on the first week of November. Curriculum has been validated and participants have been selected.






Technical Area 6. Health Systems Strengthening								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.4 [OUTPUT] Number of Provinces and Areas where Photovoices is Exhibited Description: Number of provinces and areas where Photovoices is Exhibit Indicator Value: Number Level: Provincial and institutional Source: Exhibit Report Means of Verification: Exhibit Reports Numerator: Places where exhibit took place Denominator: Planned Provinces, areas and Public and Private Relevant Institutions.	3	2011	20	2012	4	Appointments for exhibitions have been made with Congress, regional and provincial health directorates, and Stop TB Committees. The exhibition has been displayed in four provinces of the DR.	A total of ten exhibitions will be made within APA-2. The main challenge is to record, analyze, and disseminate the feedback from people attending the displays of the exhibition.
	6.1.5 [OUTPUT] Percentage of patients integrated into Social Assistance Programs Description: Social Support to TB patients through Government's Social Department Indicator Value: Percentage Level: National Source: Registers of SIUBEN Means of Verification: Registers of SIUBEN Numerator: Number of TB Patients Integrated Denominator: Total number of TB Patients	0	2011	15%	2012	0	Field work, data analysis and dissemination of results is being performed through an external consultanship. TB Coordinators are key players in this exercise. Data collection is ongoing.	Main challenge: To collect data from patients and to submit it to SIUBEN vis-a-vis changes in staff and contacts. TB CARE I is organizing meetings with new authorities and advocating for patients' inclusion.
	6.1.6 [OUTPUT] Number of Free Zone Industries involved in TB Control. Description: Number of Free Zone Industries involved in TB Control. Indicator Value: Number Level: National Source: Registered Agreements Means of Verification: Registered Agreements Numerator: Number of Free Zone Industries	1	2011	10	2012	37	A collaboration agreement was signed between NTP and 37 industries in one duty free zone of San Pedro province. TB CARE I has provided support for the Stop TB Strategy training of 28 HCW, also in San Pedro de Macorís, a high-TB incidence province.	Coordination between NTP and the Hygiene & Safety Department of the Ministry of Labor to include the TB component has advanced at a slower pace than expected. New health authorities have been appointed. NTP and KNCV are leading multisector coordination meetings to overcome the power vacuum.












6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1 Supervisory visits conducted according to country supervisory standards Indicator Value: Percent Numerator: Number of annual supervisory visits conducted disaggregated by three levels. Denominator: Number of annual supervisory visits planned disaggregated by three levels.	Not Available	2011	30	2012	43.3 % 13/30	Routine supervision has been enhanced to verify more efficiently compliance with project 's progress indicators.	NTP has strengthened supervision practice and has hired six new supervisors. Supervisors have become the leaders in monitoring and reporting project's activities to the NTP. NTP and USAID have agreed to use supervisors' experiences as role models for post APA-2 follow up.
	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	Not Available	2011	40	2012	0	This activity has been modified to meet NTP's needs.	NTP asked for TB CARE I to substitute WHO's MOPECE methodology for this activity. Project funds are available for supporting this change. USAID Mission is in favor of this change. WHO and NTP emphasized the need to guarantee that the capacity building process in data analysis and management should be fully achieved.


Technical Area 7. M&E, OR and Surveillance								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
7.1 Strengthened TB surveillance	7.1.4 [OUTPUT] Number of Epidemiological Bulletins Published Description: Development and Publishing of a TB Epidemiological Bulletin in partnership with NTP. Indicator Value: Number Level: National Source: NTP Means of Verification: Publication of Bulletins Numerator: Number of bulletins published	1	2011	2	2012	2	The usefulness of a TB epidemiological bulletin was questioned by NTP, arguing that the health staff would need much more training in epidemiology for understanding and analyzing surveillance data. Funds should be first invested on capacity building activities. An initial epidemiological analysis exercise was conducted to evaluate receptiveness of this TB CARE I initiative in the health staff of Monte Plata and Azua.	TB Coordinators' empowerment and commitment to NTP's sustainability is a key element of the success of TB CARE I. Our team is analyzing project's data which will provide opportune feedback to NTP sites to continue deepening the impact of their intervention in their communities.
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.2 NTP provides regular feedback from central to lower levels Indicator Value: Percent per quarter Numerator: Number of quarterly feedback reports prepared and disseminated disaggregated by three levels. Denominator: Total number of recipient units/facilities at each level	Not available	2011	1	2012	0	TB CARE I produced two draft documents and provided feedback to TB Coordinators in Monte Plata and Azua province.	TB CARE I will prepare other documentation to provide feedback to two provinces during APA-2.

## Quarterly Activity Plan Report



1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	Consolidate 2 Community Involvement Models -Urban and Rural.	KNCV	46.099	 75%	Nov	2012	In this quarter, 16 out of 52 existing Stop TB Committees were sworn in selected areas. Significant achievements have been presented in meetings by TB Coordinators and Stop TB Committee members. Good coordination among TB Coordinators and Stop TB Committees has improved the implementation of work plans. More emphasis should be put to assess the Stop TB Committees contribution to the NTP. Documentation of success stories will be finished by APA-2.
	1.1.2	Consolidate the pharmacies and shopkeepers (colmados) in selected areas.	KNCV	15.298	 50%	Sept	2012	Two hundred pharmacists will receive complementary training in the intervened areas during next quarter. Coordination and data analysis meetings are being held with TB Coordinators in the three pilot health sites.
	1.1.3	Documentation and International publication of the DR Pharmacies Case Study through the "TB CARE Core Project: Engaging Pharmacists in TB Care and Control" (WHO/KNCV)	KNCV		 100%	Nov	2012	A case study based on WHO's reviewed data has been completed and will be included in the PPM toolkit "Engaging pharmacists in TB Care and Control".
	1.1.4	National Publication of Pharmacies and Shopkeepers experience.	KNCV		 50%	Nov	2012	Virtually all data on this experience has been collected. A peer-reviewed report will be submitted to an internationally recognized scientific journal by the end of project.
	1.1.5	TB Information Hotline Established.	KNCV	4.120	 50%	Jun	2012	A delay in the training activities to improve the quality of services has been attributed to changes in the NTP and hotline staffs. NTP has been seeking solutions to this stand-still. The hotline number has been included by all partners in their promotion and information materials.

	<b>1.1.6</b>	Audiovisual Material available based on Photovoices Experience.	KNCV	11.468	 25%	Sept	2012	During Dr. Netty Kamp's TA visit relevant issues for developing scripts were discussed with the producer. The first draft of the scripts is finished in a 25%. The next step is to hire a commercial film company to produce the audiovisuals.
	<b>1.1.7</b>	TB information booklets distributed through National Postal Service to General Population	KNCV	5.792	 25%	Aug	2012	Materials to be printed are ready. Thirty two post cards based on the Photovoices exhibition were selected for print. An agreement for the distribution of materials will be signed with Postal Service. Initiative documentation has been drafted and will be validated with NTP and Postal Service.
	<b>1.1.8</b>	Health Journalist sensitized in Person Centered Approach in TB using Photovoices Strategy	KNCV	14.700	 25%	Sept	2012	Preliminary agreement was made with the Association of Health Journalists. Sensitization and training of 100 consenting journalists will take place during next quarter.
					 50%			





3. Infection Control			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	Refurbishment of 5 prioritized health facilities having their IC plan made in APA1	KNCV	59.066	 25%	Nov	2012	Two sites have been refurbished, and a third one will be started next quarter. Two MDR TB sites will be refurbished by NTP to guarantee IC. Six XDR TB cases have been diagnosed, but no isolation facilities are available in the MDR clinics. New refurbishment costs will be included in the MOT. Coordination meetings with NTP IC Officer, NTP MDR Coordinator, and Global Fund IC Officer have been held to guarantee the acquisition of high quality equipment sponsored by Global Fund.
	3.2.2	Develop IEC strategy and material to support IC measures within health facilities	KNCV	1.155	 50%	Jul	2012	Dr Meiss and Dr Kamp's TA visit helped to identify main TB CARE I needs, provided feedback from services, and recommendations were presented to NTP. TB CARE I Country IC Coordinator is following-up the development of the materials with the input from TA and support from KNCV HQ.
	3.2.3	Develop a Model Hospital in IC at national level	KNCV	625	 25%	Sept	2012	MOH and NTP have been involved in the promotion of the initiative to develop a model national hospital, as recommended by Meiss & Kamp's TA. Implementing steps proposed in the IC TA Mission Report is being followed up by IC TB CARE Country Coordinator and NTP IC Coordinator. Although progress is slow, the initiative has a solid provincial back-up.
	3.2.4	Develop a practical planning guide for implementing IC measures in health facilities	KNCV	901	 50%	Sept	2012	First draft is finished and ready to be sent to KNCV HQ.
	3.2.5	TA Infection Control	KNCV	31.898	 100%	July	2012	The TA Visit was very successful and well received by NTP and Global Fund. TB CARE I was mainly perceived as an ACSM project and the TA helped to better visualize the project's contribution to IC improvement. Also a very comprehensive mission report was provided. Their suggestions (such as TB screening in HCW) were readily accepted by NTP and are being implemented.




Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.4 Improved TB-IC human resources	3.4.1	Training (5 health facilities) and mentoring (all 12 facilities) in basic IC measures, IC Concepts and IC Planning to health staff in the rehabilitated health facilities	KNCV	2.666	 50%		2012	The training activity is being followed-up through supervision visits, which focus on identifying the quality implementation of IC measures by trainees. A refreshing training session is programmed for next quarter.

 50%



4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR	4.1.1	Training of health personnel in selected health facilities in case management of DR-TB according to updated guidelines	KNCV	3.953	 0%	Sept	2012	To be conducted during the next quarter. Workshop is programmed for November 2012.
	4.1.2	Production of Audiovisual materials based on "Photovoices" experience and as a complimentary tool for MDR patient adherence and default prevention.	KNCV	18.514	 25%	Sept	2012	During Dr. Netty Kamp TA visit, TOR for producer and draft of the deliverables were developed, also the characters and sense of the stories was defined and agreed with producer. Contact with film companies have been made, however the amount being proposed by the filming company is higher than budget planned. Due to the recommendations made by the NTP MDR Coordinator, psychologist and psychiatrist working with the MDR patients, this set of documents require more elaboration and the lenght of the videos, so that they are useful for the therapists, therefore they will be significantly more expensive than it was originally planned. Negotiation is being made with film company to make an agreement. Further follow up is needed.
	4.1.3	Assessment of the culture samples chain from the delivery service point to the Reference Lab and the Return of Results; Design of efficient flowchart.	KNCV	30.000	Cancelled	Jun	2012	This activity was cancelled by NTP due to difficulties to obtain financial support to improve the laboratory network. In other hand, NTP is reviewing the feasibility to introduce GeneXperts.




 13%

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.1	Politicians and other high and middle level decision makers sensitized through advocacy strategy using "Photovoices".	KNCV	10.228	 60%	Oct	2012	Six displays of the exhibition have been made in four provinces, with the participation of Congress people, public health authorities and personnel, NGOs and community leaders and members, as well as TB patients and their close relatives. Many letters of support of TB control activities have been received by NTB.
	6.1.2	Arrange the integration of 15 - 20% of reported TB patients into Social Assistance Programs.	KNCV	3.184	 25%	Nov	2012	The methodology for this activity has changed because of NTP's reasoning on its likely inadequacy for the NTP local staff. Training staff on WHO's MOPECE methodology replaced it. An agreement with WHO and
	6.1.3	Expand the involvement model in TB control of Duty Free Zone Industries, as introduced in San Pedro province, to Santo Domingo and Santiago provinces	KNCV	2.594	 75%	Sept	2012	Nineteen managers and technicians from the Ministry of Labor participated in a sensitization and training workshop. Meetings have been held with the Ministry of Labor and NTP to boost the participation of Duty Free Zone industries.
	6.1.4	To expand the developed pharmacy involvement model country wide a formal alliance will be established with the National Pharmacy Association.	KNCV	6.412	 75%	Sept	2012	An agreement with the National Association of Pharmacists is being negotiated. Signature is expected within APA-2. This will guarantee the sustainability of the initiative and will also provide a platform for expansion to further provinces. A preliminary agreement with PROMESE CAL, the government's drug management institution, responsible for 514 subsidized pharmacies, is also being negotiated. Around 120 "Popular Pharmacies" will be included in this initiative.

	<b>6.1.5</b>	Present and share succesful interventions at the Union Conference 2012	KNCV	19.555	 0%	Nov	2012	Scheduled for November 2012.
	<b>6.1.6</b>	TA for ACSM	KNCV	33.189	 50%		2012	Documentation of the ACSM interventions will be a major contribution of the project. The following five documents are being produced: 1) Book "Vivencias" from Photovoices experience; 2) Pharmacy intervention methods; 3) Photovoices methodological manual; 4) ACSM Model - Gualey (a marginated community); and 5) Stop TB Committees Models. This activity is being directly monitored by Dr Kamp. Final documents are expected by the end of project.
	<b>6.1.7</b>	TB Care Meetings/Workshops	KNCV	10.590	 100%	Jun	2012	Participation of TB CARE I Country Director and Financial Officer in the meetings and workshop in The Hague, to exchange experiences and receive training in critical issues related to the implementation of the project and TB control.



Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1	Supervision and follow up to selected provinces.	KNCV	3.557	 50%	Dec	2012	Supervision has become part of daily activities during this quarter. The scope of supervisions shifted from disciplinary surveillance to facilitating the attainment of project's objectives. NTP changed supervision guidelines and tools, and hired and trained new staff as supervisors. Impact of the supervision is related to the intensity of interventions in the sites. See, as an example: "Monte Plata: Supervision, Capacity Building and TB detection".
	6.2.2	Management training and mentoring course focused on local management at provincial level for DRS/DPS and Provincial TB coordinators in 2 Regions.	KNCV	23.614	Cancelled	Jul	2012	The methodology for this activity has changed because of NTP's reasoning on its likely inadequacy for the NTP local staff. Training staff on WHO's MOPECE methodology replaced it. An agreement with WHO and NTP has been made to guarantee the sustainability of capacity building activities once TB CARE I finishes.
					 54%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	Produce periodic Epidemiological Bulletins	KNCV	3.465	Cancelled		2012	NTP decided to suspend this activity, as was explained in the Technical Outcome Report. The dissemination of a Management Report replaced this activity.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.1	Refreshing training of analysis and management of data.	KNCV	4.075	 0%	Nov	2012	This activity is planned for last quarter of APA-2.
	7.2.2	End of project meeting	KNCV	9.689	 0%	Dec	2012	This activity is planned for last quarter of APA-2.
					 0%			

## Quarterly MDR-TB Report

Country	Dominican Republic
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Period	JULY-SEPTEMBER 2012
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### MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	108	108
Jan-Sep 2011		
Oct-Dec 2011		
Total 2011	85	85
Jan-Mar 2012		
Apr-Jun 2012	54	56
Jul-Sep 2012		
Oct-Dec 2012		
Total in 2012	54	56

## Quarterly GeneXpert Report

Country	Dominican Republic
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Period	JULY-SEPTEMBER 2012
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**Table 1: TB CARE I-funded GeneXpert instruments and cartridges procured or planned by quarter**

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. July 2012)
	Jan-Dec 2011	Jan-Sept 2012	Cumulative Total		
# GeneXpert Instruments	0		0		
# Cartridges	0		0		

**Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Partner/ Implementing Organization; Additional Comments
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

<sup>1</sup> Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

**Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Comments
	1				
	2				
	3				
	4				
	5				

\*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)  
Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

Procurement of GeneXperts was cancelled due to requirement of NTP. According to various evaluations including CDC's in November 2011, it was considered that the country does not meet the characteristic needed to implement such technology, sustainability remains also as a question, plus there is an underutilized processing capacity of samples for resistance with currently available methods in the

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

## Quarterly Photos (as well as tables, charts and other relevant materials)

### ACSM Sustainability Meeting



Group work with TB Coordinators and Health Provincial Directors



Santo Domingo TB Coordinators.



San Pedro de Macorís TB Provincial Team



Area I epidemiologist, TB CARE I Director, NTP Focal person for ACSM, TB CARE I ACSM Field Officer.

## Inventory List of Equipment - TB CARE I



USAID  
FROM THE AMERICAN PEOPLE

# TB CARE I

<b>Organization:</b>	<b>TB CARE I</b>
<b>Country:</b>	<b>Dominican Republic</b>
<b>Reporting period:</b>	<b>July-September 2012</b>
<b>Year:</b>	<b>APA 2</b>

[illegible]


(1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others

(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)

(3) Date of invoice

(4) Total price including any sales tax paid. Use currency on invoice

(5) Note any sales tax charged

(6) Address

(7) Good/fair or bad

(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.

where a recipient compensated TB CARE I for its share. Attach supplementary info